

<i>SERFF Tracking Number:</i>	<i>FARM-125275226</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmers Insurance Exchange, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026008</i>
<i>Company Tracking Number:</i>	<i>J2AR070828CABD1</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Garage/Auto</i>		
<i>Project Name/Number:</i>	<i>Waiver of Subrogation/J-AR-2007-CA-F</i>		

Filing at a Glance

Companies: Farmers Insurance Exchange, Mid-Century Insurance Company, Truck Insurance Exchange

Product Name: Garage/Auto	SERFF Tr Num: FARM-125275226	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: AR-PC-07-026008
Sub-TOI: 20.0001 Business Auto	Co Tr Num: J2AR070828CABD1	State Status: PENDING FEES
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Tina Campbell, Bernice Diaz, Cynthia Nelson, Bill Riedley, Mina Villegas, Edward Petersen, Chris SalvaCruz	Disposition Date: 09/07/2007
	Date Submitted: 09/05/2007	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 03/01/2008		Effective Date (Renewal): 03/01/2008

General Information

Project Name: Waiver of Subrogation	Status of Filing in Domicile: Not Filed
Project Number: J-AR-2007-CA-F	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/07/2007	
State Status Changed: 09/07/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Farmers Insurance Group of Companies respectfully submits the following form for approval.	

E3153 1st Edition (91-3153) 6-06 - CHANGES IN TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION) - For use with our Commercial Automobile and Garage Liability programs. This new proprietary form will amend the Business Auto Coverage Form, Garage Coverage Form and Truckers Coverage Form in order that the policyholders may specifically waive their right of recovery against scheduled entities.

<i>SERFF Tracking Number:</i>	<i>FARM-125275226</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmers Insurance Exchange, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026008</i>
<i>Company Tracking Number:</i>	<i>J2AR070828CABD1</i>		
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<i>Project Name/Number:</i>	<i>Waiver of Subrogation/J-AR-2007-CA-F</i>		

Our effective dates for this form is January 1, 2008 for new business and March 1, 2008 for renewals. If you have any questions regarding this forms filing, please contact Ted Petersen at (805) 306-6542, fax number (805) 306-6667 or email Ted.Petersen@FarmersInsurance.com. Please reference the filing numbers listed on the first page.

Your early approval of this filing is appreciated.

Company and Contact

Filing Contact Information

Charlene Hall, Commercial Contract Manager	Charlene_Hall@farmersinsurance.com
3041 Cochran Street	(805) 306-6648 [Phone]
Simi Valley, CA 93065	() -[FAX]

Filing Company Information

Farmers Insurance Exchange	CoCode: 21652	State of Domicile: California
4680 Wilshire Blvd.	Group Code: 212	Company Type:
Los Angeles, CA 90010	Group Name:	State ID Number:
(323) 932-3056 ext. [Phone]	FEIN Number: 95-2575893	

Mid-Century Insurance Company	CoCode: 21687	State of Domicile: California
4680 Wilshire Blvd.	Group Code: 212	Company Type:
Los Angeles, CA 90010	Group Name:	State ID Number:
(323) 932-3056 ext. [Phone]	FEIN Number: 95-6016640	

Truck Insurance Exchange	CoCode: 21709	State of Domicile: California
4680 Wilshire Blvd.	Group Code: 212	Company Type:
Los Angeles, CA 90010	Group Name:	State ID Number:
(323) 932-3056 ext. [Phone]	FEIN Number: 95-2575892	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 form @ \$50.00

<i>SERFF Tracking Number:</i>	<i>FARM-125275226</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmers Insurance Exchange, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026008</i>
<i>Company Tracking Number:</i>	<i>J2AR070828CABD1</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Garage/Auto</i>		
<i>Project Name/Number:</i>	<i>Waiver of Subrogation/J-AR-2007-CA-F</i>		
Per Company:	No		

<i>SERFF Tracking Number:</i>	<i>FARM-125275226</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmers Insurance Exchange, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026008</i>
<i>Company Tracking Number:</i>	<i>J2AR070828CABD1</i>		
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<i>Product Name:</i>	<i>Garage/Auto</i>		
<i>Project Name/Number:</i>	<i>Waiver of Subrogation/J-AR-2007-CA-F</i>		

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3010637657	\$50.00	09/04/2007

<i>SERFF Tracking Number:</i>	<i>FARM-125275226</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Garage/Auto</i>		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/07/2007	09/07/2007

SERFF Tracking Number:	FARM-125275226	State:	Arkansas
First Filing Company:	Farmers Insurance Exchange, ...	State Tracking Number:	AR-PC-07-026008
Company Tracking Number:	J2AR070828CABD1		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Garage/Auto		
Project Name/Number:	Waiver of Subrogation/J-AR-2007-CA-F		

Disposition

Disposition Date: 09/07/2007
Effective Date (New): 01/01/2008
Effective Date (Renewal): 03/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number:	FARM-125275226	State:	Arkansas
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Company Tracking Number:	J2AR070828CABD1		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Garage/Auto		
Project Name/Number:	Waiver of Subrogation/J-AR-2007-CA-F		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Changes in Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation)	Approved	Yes

SERFF Tracking Number:	FARM-125275226	State:	Arkansas
First Filing Company:	Farmers Insurance Exchange, ...	State Tracking Number:	AR-PC-07-026008
Company Tracking Number:	J2AR070828CABD1		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Garage/Auto		
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Changes in Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation)	91-3153	1st 6-06	Endorseme New nt/Amendm ent/Condi ti ons		12.00	E3153101.pdf

**FARMERS****E3153**
1st Edition

**CHANGES IN TRANSFER OF
RIGHTS OF RECOVERY AGAINST OTHERS TO US
(WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

GARAGE COVERAGE FORM

TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By: (Authorized Representative)
Named Insured:	

SCHEDULE

Name Of Person(s) Or Organization(s):
Additional Premium
\$

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The Transfer Of Rights Of Recovery Against Others To Us Condition does not apply to the person(s) or organization(s) shown in the Schedule. We will retain the additional premium shown above, regardless of any early termination of this endorsement or the policy.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.

<i>SERFF Tracking Number:</i>	<i>FARM-125275226</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	09/07/2007
Comments:				
Attachment:				
AR-PCTD1Form.pdf				


Property & Casualty Transmittal Document (Revised 1/1/07)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Farmers Insurance Group			Group NAIC #	0212
4. Company Name(s)	Domicile	NAIC #	FEIN #		
Truck Insurance Exchange	CA	21709	95-2575892		
Farmers Insurance Exchange	CA	21652	95-2575893		
Mid-Century Insurance Company	CA	21687	95-6016640		

5. Company Tracking Number	J2AR070828CABD1
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Charlene Hall 3041 Cochran Street – 5th Flr. Simi Valley, CA 93065	Commercial Contract Manager	805-306-6648	805-306-6646	Charlene Hall @farmersinsurance.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Charlene Hall		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	20.000, 20.001
10. Sub-Type of Insurance (Sub-TOI)	20.000, 20.001
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial Auto/Garage
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: January 1, 2008 Renewal: March 1, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	August 28, 2007
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	J2AR070828CABD1
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
 Check #: Amount: Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	J2AR070828CABD1			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Changes In Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation)	91-3153 1 st edition 6-06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		